



# Oregon

Kate Brown, Governor

## Oregon Department of Corrections

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May 25, 2017

Senator Jackie Winters, Co-Chair  
Court St. NE, S-301  
Salem, OR 97301

Representative Duane Stark, Co-Chair  
900 Court St. NE, H-372  
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Senator Lew Frederick  
900 Court St. NE, S-419  
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Senator Elizabeth Steiner Hayward  
900 Court St. NE, S-215  
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Representative Jeff Barker  
900 Court St. NE, H-480  
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Representative John Huffman  
900 Court St. NE, H-483  
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Representative Carla Piluso  
900 Court St. NE, H-491  
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Representative Tawna Sanchez  
900 Court St. NE, H-273  
Salem, OR 97301

RE: Responses to questions asked during Ways and Means presentation on May 3, 2017

Dear Ways & Means Public Safety Subcommittee Members,

Thank you for the opportunity to provide information related to the Oregon Department of Corrections (DOC). Below are responses to the questions asked during our Phase 2 presentation to the Ways and Means Public Safety Subcommittee on Wednesday, May 3, 2017.

**1. Have you looked into nursing home care for paroled inmates, like Connecticut is doing?**

We have done some preliminary research into the Connecticut system. Connecticut is able to receive federal funding because offenders who go into the [60 West nursing home](#) are on parole status. It would be difficult to replicate a similar system in Oregon because of our sentencing structure.

**2. What is the fiscal on SB 844?**

[SB 844](#) is the result of the Inmate Financial Accountability Workgroup, which DOC chaired, staffed, and facilitated. This bill would authorize DOC to collect a portion of inmate monies to go towards court-ordered restitution and to establish a re-entry savings account. The total fiscal for 2017-19 is \$318,634, the majority of which is Other Funds (\$315,000).

It is important to note that the 2017-19 Governor's Budget for DOC includes authority to issue up to \$500,000 of XI-Q bonds in order to upgrade our TAG inmate trust accounting system to a newer and more stable version. Passage of SB 844 would require additional one-time enhancements to the TAG system above and beyond the upgrades included in the Governor's Budget. The one-time enhancements include additional staff time, contracting costs, and other initial setup requirements costing approximately \$275,000 that would be financed using XI-Q Bonds. The bond financing would require General Fund debt service payments starting in 2019-21 for the amount of \$79,115. The bond sale would result in an estimated \$40,000 of Other Fund bond issuance costs. In addition, ongoing maintenance for the system would be required, costing approximately \$1,211 per quarter each year.

### **3. Are the showers at OSPM ADA compliant?**

The repairs currently being made to the showers at OSPM will not make all the showers ADA-compliant. However, part of the project includes repurposing an adjacent closet to make one of the showers ADA-compliant.

In addition, I would like to point to the attached analysis we completed during the 2013 Session of what it would take to convert OSPM to a medical facility. The assumptions on the attached OSPM estimate remain the same for 2017, with the exception of the construction market and pricing for materials in our growing economy. Please note these are *2013 estimates*.

### **4. What would it take for DOC to improve its IT/computer systems outside of using a patchwork/piecemeal approach?**

While we cannot provide a comprehensive roadmap without doing an in-depth analysis for parts of our IT systems, we can provide information on our 2017-19 IT Policy Option Packages (POPs), which are aligned with the Office of the State CIO's strategies. To get us on a path of improving our systems agency-wide, we submitted the following three POPs in our 2017-19 Agency Request Budget.

1. SAS Research Project (POP 103) – This POP would fund an update of DOC's outdated data and research platform, also known as SAS. This upgrade would allow DOC to use the latest data and research products to better support expanding business needs.

Total Cost: \$1,894,731 GF

2. Technology Infrastructure (POP 104) – This POP would fund key areas of technology infrastructure as follows.

- **Project 1: Assess Corrections Fundamental Systems**

DOC currently operates with a mix of computer systems; the core systems were built in the 1990s. This project would assess the viability of integrating and standardizing core computer systems, which use an assortment of languages, one of which is the outdated COBOL.

Total Cost: \$1,602,598 GF

- **Project 2: Desktop and laptop lifecycle replacement**

This project would fund desktop and laptop devices that are older than the planned five-year lifecycle. As business services are increasing at a rapid pace, so is the demand for new systems and software with a dependency on desktop and laptop replacements. This outdated hardware environment results in potential security vulnerabilities and a potential impact on the agency's operations.

Total Cost: \$1,602,598 GF

- **Project 3: Critical inmate trust accounting system upgrades (included in Governor's Budget)**

The inmate trust and commissary software system (known as TAG) supports the department's inmate banking and accounting activities, and point-of-sale processes for the commissary operation. This project would upgrade the system to a newer and more stable version. SB 844 will not be possible without the operational stabilization contained in this request.

Total Cost: \$500,000 OF

- **Project 4: Voice over internet protocol (VOIP) infrastructure installation and on-going charges adjustment (included in Governor's Budget)**

As mentioned during our presentation, the Department of Administrative Services (DAS) has entered into an agreement with IBM on behalf of DOC. This is a mandatory services contract for all state agencies. This agreement will transition the state out of the telephone business and convert all on-site Legacy Telephone Systems to a centralized Voice-Over Internet Protocol model (VOIP). DOC is nearly complete with upgrading its current infrastructure to support VOIP. In some cases, this upgrade took place in buildings that range in age from 20 to 150 years old, incurring significant costs for new conduit and wire installation and abatement of asbestos-containing building materials.

Total Cost: \$14,542,473 (\$12M OF and \$2.3M GF)

3. Technology Initiatives (POP 108) – This POP would fund three key technology initiatives.

- **Project 1: Electronic Health Records**

This project would continue work toward implementing an Electronic Health Record System (EHR). In today's healthcare environment, an EHR is critical for increased efficiency, continuity of care along the continuum of public health, data mining for evidence-based resource management, and risk management.

Total Cost: \$1,700,000 OF

- **Project 2: Agency Intranet**

This project would develop and deploy an enterprise-wide Intranet Communications Portal that supports a strategy to improve business processes related to communications within the agency (Intranet), manage documents, provide document versioning, collaborate on projects and decisions, and improve the quality of business data and information.

Total Cost: \$1,858,500 OF

- **Project 3: Barcode Inventory System**

The DOC warehouse and central distribution system currently functions using a manually driven and paper-intensive process for recording and archiving. This manual system creates more room for error, is not nimble, limits visibility into inventory information, is burdened with redundant paperwork, and does not prepare adults in custody for similar jobs in the community. The speed, efficiency, and volume of products processed can be greatly enhanced with a fully integrated software and hardware solution. This project would integrate a Warehouse Management System (WMS) into the agency’s current operating and accounting system. A WMS is an integral part of modern warehousing businesses.

Total Cost: \$636,735 (\$627K OF and \$9K GF)

**4. Regarding the Behavioral Housing Unit (BHU) at the Oregon State Penitentiary, what would DOC like to see happen?**

We are committed to carrying out all the agreements contained in our [Memorandum of Understanding](#) with Disability Rights Oregon. One of the biggest challenges we face is creating the space – and providing the staffing – to increase out-of-cell time to 20 hours per week. In order to meet this goal, we have secured architectural and engineering contracts to build a modular structure outside of the existing BHU building. Once completed, we will be able to provide 20 hours per week of out-of-cell time, adequate staffing, and increased programming and treatment services.

**5. What is the cost comparison for medical insurance for an average American vs. an adult in custody?**

During our presentation, I mentioned the SB 843 workgroup and some statistics on health care costs that were discussed as part of the workgroup. For comparison, according to a 2012 report in the Journal of Health Affairs, the average American spent \$700 on health care per month in 2010. At that time, our latest report (November 2012) showed that we spend \$561 per inmate per month on health care.

**6. How many adults in custody have mental illness?**

As of May 10, 2017, DOC has 14,694 adults in custody (1,311 women and 13,383 men). The breakdown of mental illness is as follows.

Mental Health Need	Women (% of Total Female Population)	Men (% of Total Male Population)	Total (% of Total Population)
No reported mental health need	212 (16.2%)	3,924 (29.3%)	4,136 (28.1%)
No need for treatment	96 (7.3%)	2,476 (18.5%)	2,572 (17.5%)
Benefit from treatment	180 (13.7%)	2,782 (20.8%)	2,962 (20.2%)
Moderate treatment need	191 (14.6%)	1,423 (10.6%)	1,614 (11%)
Highest treatment need	190 (14.5%)	939 (7%)	1,129 (7.7%)
Severe mental health problems	442 (33.7%)	1,839 (13.7%)	2,281 (15.5%)
Total	1,311 (100%)	13,383 (100%)	14,694 (100%)

## 7. What mental health training does DOC provide?

The DOC 2017 Annual Training program has an 8-hour Mental Health First Aid course, on which we partnered with DPSST. They granted us about \$35,000 to train our adjunct trainers in this nationally-recognized curriculum, and it is being delivered to all DOC staff this year. This course is a major component of nearly all 40-hour Crisis Intervention Team (CIT) training programs being implemented across the U.S. Facilitation of this class is part of our implementation process for CIT training for DOC institutions. We are currently working to provide the full 40-hours of CIT training at the Oregon State Penitentiary and Coffee Creek Correctional Facility for mental health infirmary staff and special housing staff.

Also of note, DPSST's constituent committees and board voted to include Correctional Officers in the mandatory maintenance requirements (84 hours every three years to maintain basic certification), which brings us into alignment with our law enforcement partners. There is an implementation phase-in period on which we are already working. The committees and board are also looking at requiring one hour per year (of the 84 hours required every three years) of CIT/mental health training. This new requirement is at the policy committees for vote and will go to the board for final approval.

### Additional Follow-Up Items

In addition, I would like to clarify two points I made during our presentation.

- We currently have 880 activated temporary/emergency beds, *including* 122 emergency beds for women at Coffee Creek Correctional Facility.
- In speaking about our computer system, I mentioned that the entire criminal justice system in Oregon uses the Criminal Justice Information System (CJIS). This is incorrect. CJIS is a national system that is administered in Oregon by the Oregon State Police. What I meant to say is that DOC and community corrections offices throughout Oregon use a system called the Correctional Information System (CIS), which uses COBOL as its programming language. CJIS and CIS are two separate systems.

Thank you, again, for the opportunity to respond to your questions.

Sincerely,



Colette S. Peters  
Director

## **Cost Estimate for OSPM Conversion to a Medical Facility 2013 Legislative Session**

**Why would it cost so much to remodel Oregon State Penitentiary Minimum (OSPM) to be a medical facility? Why is it \$600 per square foot for new construction? (Provide backup).**

The following is a draft of the revised pricing for the proposed remodel of the OSPM facility for use as an undefined medical facility. This has been prepared by our Facility Services and New Construction staff and reflects the assumptions listed with regard to code compliance and other considerations.

Estimating the cost of converting OSPM to an infirmary requires assumptions as a starting point. Our three basic assumptions are:

1. Conversion to a dedicated medical facility for inmates will be viewed as a "Change in Use" for the purposes of codes application. These "Change in Use" impacts include but are not limited to:
  - a. ADA access
  - b. Fire suppression and alarm systems
  - c. Seismic upgrades
  - d. Hazardous material removal (asbestos, lead paint)
  - e. SEED energy requirements (windows, insulation)
  - f. Mechanical & plumbing code (HVAC, low flow toilets, etc.)
  - g. Electrical (wiring and fixtures)
  - h. 1.5% for solar
  - i. State Historic Preservation Office (SHPO)
2. Remodel would affect 80 percent of the building or 20,000 square feet. However, the code-required upgrades will apply to the entire 26,000 square feet.
3. The cost of remodeling/retrofitting an existing building is approximately 25 percent higher than new construction based on recent contracting experience.

### **Cost Estimate:**

1. The costs to develop plans and specifications (design) for remodeling an existing structure was quoted in the range of 15 percent by two different firms who have done work for the department in the past. The percentage is expected to increase if there are additional needs, such as asbestos abatement or complex seismic retrofit requirements. A 17 percent A/E fee is used in the estimate below. All legal, construction management, DOC administration, commissioning, plan review and permit, SEED and CM/GC preconstruction fees are identified as Administration Costs in the summary table below.
2. Our construction cost estimate is based on the 2009 Junction City Minimum Medical/Dental area cost estimate, escalated to a 2015 midpoint of construction as shown below in dollars per square foot (\$/SF).

JC Min Dental/Med per program	\$	365
Escalate to 2015	\$	411
Add for remodel (25%)	\$	513
Deduct for structure/reuse (10%)	\$	462
Add for added equipment (5%)	\$	485

3. Below is a summary of the cost estimates for a potential conversion of OSPM into an infirmary/geriatric facility.

<b>Summary</b>	<b>Per Sq. Ft.</b>	<b>At 26,000 Ft.</b>
Construction	\$ 481	\$ 12,512,000
Site (solar)	\$ 8	\$ 211,000
Design	\$ 80	\$ 2,088,000
Administration	\$ 88	\$ 2,286,000
Contingency	\$ 99	\$ 2,565,000
<b>Total</b>	<b>\$ 756</b>	<b>\$ 19,662,000</b>